

# CHRONIC EMPYEMA OF THE GALL-BLADDER.

REPORT OF A CASE OF THIRTEEN OR MORE YEARS' DURATION.

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MRS. L., aged forty-three years, married at twenty-three, mother of ten children, family history negative. Had typhoid fever at the age of eleven, otherwise always well until nineteen years ago, at the time of her first puerperium, when she had what was called peritonitis. She had at the same time a sense of discomfort, with heat and "stinging" in the right side of the abdomen. At subsequent puerperiums she was troubled more or less in the same way. About six years after the first attack she had a second one of "peritonitis." It was at this time she first noticed a swelling about the size of an orange in the right hypochondro-lumbar region. This tumor was readily movable, and she does not recall that it was especially sensitive to pressure or caused any great amount of discomfort, beyond a sense of weight and dragging. She does not give a history of having had any definite attacks of biliary colic or other evidences of gall-stones, excepting that she thinks she has been somewhat jaundiced at times.

When examined in the summer of 1902, there was found a tumor about the size of a small foetal head, evenly globular, and movable from the right iliac region to the region of the right kidney. It was not tender to pressure and it seemed a solid mass. She complained only of a dragging sensation in the right side, which was very exhausting, and some of the ordinary symptoms which accompany retroversion and metritis, both of which ailments she had. Operation was advised on the presumption that some pathologic condition of the kidney was present. Save for the conditions described above, the patient was in as good health as ever. At the time of entering the hospital, April 4, 1903, she was in practically the same condition as at the first examination.

*Operation.*—April 6, with the assistance of my associate, Dr. Adrian B. Perkey. Ether anæsthesia. Vertical incision about

twelve centimetres long at the outer border of the right rectus muscle, subsequently joining this with a lateral incision about six centimetres long. The tumor presented as a smooth globular body, non-adherent to the viscera, and apparently retroperitoneal. On its anterior surface was a placenta-like mass which looked much like a clot of blood beneath the peritoneum. Its superficial area was seven by ten centimetres and it was five centimetres thick. This mass was continuous at its upper end with a ridge of tissue which apparently contained the chief blood supply of the tumor, which was now found to be cystic in character. Aside from the placenta-like mass the cyst was of a light pinkish hue. The outer coat of the cyst was incised around the red mass, excepting at its upper part, and an attempt made to enucleate without rupturing the cyst, but after getting it about two-thirds enucleated a small rent was made letting out some thick, whitish yellow pus. As the peritoneum was well protected with gauze, this escape of pus gave us very little concern. Moreover, pus long confined usually becomes sterile, or nearly so. The pedicle of the cyst was in the shape of a very extensive ridge of tissue which seemed to come from the retroperitoneal tissue and the inferior surface of the liver. After having raised the cyst from its bed, we found that the red mass on its anterior surface was continuous with a sickle-shaped extension of the right lobe of the liver. This was ligated off close to the cyst. Search was made for the gall-bladder, but none could be found in the usual situation. The right kidney was found high in its fossa. Counter-opening was made near the border of the quadratus lumborum muscle, a gauze drain drawn through from within outward, and the abdominal wound sutured in layers. The patient made an uneventful recovery, without the occurrence of suppuration, and was curetted and operated for the retroversion about three weeks later. She is now (January, 1904) enjoying better health than she has had before for nearly twenty years.

During this operation we were ignorant of the nature of this cyst, although the possibility of its being a gall-bladder was mentioned, and its identity was not discovered until after completion of the operation, when it was opened and found to contain two gall-stones. The examination of the specimen removed was made by Dr. A. B. Perkey.

The pedicle of the cyst contained, of course, the remains of

the cystic duct, but the duct tissue was indistinguishable from other connective tissue of the pedicle. The placenta-like mass before mentioned was normal liver tissue, as shown by the microscope. The cyst measured thirty-five centimetres in circumference in its short diameter and forty-five centimetres in its long diameter. Its wall, aside from the part composed of liver tissue, was from three to five millimetres thick and almost completely calcareous. The lining membrane was rough and calcareous, like a calcareous aorta. Microscopic examination of the fresh pus showed a few cells, crystals of cholesterin, and fat globules. The stained pus showed mostly degenerate cells, no bacteria. Cultures on blood serum, two tubes, showed small, white, pin-point elevated growths, two on one and four on the other. Smears from these tubes gave diplococci—single and in chains—which were destained by Gram's method. The presence of these bacteria may have been due to accidental contamination. The gall-stones are of about equal size, one and a half centimetres in diameter, and present numerous facets, showing that they have been in contact with many stones. This hypothesis is in a measure borne out by the finding of much cholesterin in the pus contained in the cyst, although a certain amount of cholesterin may be found in pus anywhere. These stones have a specific gravity less than that of water and are composed mostly of cholesterin. As to the sickle-shaped process from the right lobe of the liver, there can be little doubt that it was caused by the constant dragging of the heavy gall-bladder upon its attachments.

A fair idea of the appearance of the anterior aspect of the cyst may be gained by reference to the accompanying cut (Fig. 1), made from a free-hand drawing, which represents about two-thirds natural size.



Gall-bladder; chronic empyema. The dark area represents liver tissue, the upper termination showing the point of severance from the pedicle. (Drawn by Dr. Perkey.)

